

**NOTICE OF CONTRACT OPPORTUNITY  
APPLICATION FOR NAVY CONTRACT POSITIONS**

**SUPERVISORY MEDICAL LABORATORY TECHNOLOGIST  
ISSUE DATE: JULY 23, 2001  
THIS IS NOT A CIVIL SERVICE POSITION**

**I. IMPORTANT INFORMATION:** CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE AUGUST 15, 2001. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND  
ATTN: Code 02 (Donna Blackstone)  
1681 NELSON STREET  
FORT DETRICK MD 21702-9203

Email: DRBlackstone@us.med.navy.mil  
Phone: (301) 619-2062

A. NOTICE. This position is set-aside for individual Medical Technologists with experience in Laboratory Supervision. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS. The Government is seeking to place under contract, an individual who (1), is certified as a Medical Technologist from the American Society of Clinical Pathologists, Health and Human Services or American Medical Certification. This individual must also (1) meet all the requirements contained herein; and (2), competitively win this contract award (See Sections D. and E.).

You shall be on duty in the Naval Medical Clinic Kings Bay, GA, for 80 hours per 2-week period. You shall normally provide services for a 9 hours period (to include an uncompensated 1 hour for lunch) as scheduled, between the hours of 0700 and 2100, Monday through Friday. You shall also provide weekend services on Saturday between the hours of 0700 and 1600 and/or Sundays and holidays between the hours of 0700 and 1200. Weekend services shall be rotated with other technologists and shall not exceed 12 hours per month. You shall not be required to provide services in excess of 80 hours per two-week period. Specific hours and days shall be scheduled one month in advance by the Commanding Officer. Any changes in the schedule shall be coordinated between you and the Government. You shall arrive for each scheduled shift in a well-rested condition and shall have had at least six hours of rest from all other duties as a Medical Lab Technologist.

You shall accrue six hours of annual leave (vacation) and two hours of sick leave at the end of every 80-hour period worked. Services shall not be required on the following federally established holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each year at the option of the Navy.

## II. Statement of Work

A. The use of "Commanding Officer" means: Commanding Officer, Naval Hospital, Jacksonville, FL, or designated representative, e.g. Technical Liaison, Department Head.

B. SUITS ARISING OUT OF MEDICAL MALPRACTICE. The health care worker(s) is(are) serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance.

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. Duties and Responsibilities. You shall serve as a Medical Laboratory Supervisor. In this position, you shall perform a full range of laboratory supervisor and medical technology duties, within the scope of this statement of work, on site using government furnished supplies, facilities and equipment. Your actual clinical performance will be a function of the overall demand for laboratory services.

1. You shall direct supporting government employees assigned to you during the performance of applicable Laboratory services. You shall be subject to guidelines set forth in the Command's quality assurance and risk management instructions. You shall perform limited administrative duties that include maintaining statistical records of workload, participating in Medical Laboratory education programs, preparing documentation according to workload reporting procedures, overseeing ordering of supplies, ensuring efficient inventory control, maintaining patient profiles and participating in clinical staff quality assurance functions as prescribed by the Commanding Officer.

2. FAMILY ADVOCACY. You shall participate in the implementation of the Family Advocacy Program as directed.

3. Obtain current certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; or American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.

Administrative Services: You shall:

1. Assist the Government in the orientation, training, assignment and scheduling of personnel to include supervision of staff. Evaluate work performance of personnel assigned to you. Provide inservice training and encourage professional growth and development of laboratory personnel. Maintain good interdepartmental relations.

2. Attend meetings (administrative, department, division) as directed. Participate on committees as required.

3. Compute laboratory costs in cooperation with the Government. Generate budget work sheets, expense sheets and project equipment needs as they pertain to the laboratory. Verify billings from other labs. Provide input to the Government with regard to budgetary data. Effect cost control measures in utilization of supplies, materials, equipment, etc.

4. Provide recommendations to the Government with regard to the purchase of laboratory supplies and equipment. Conduct periodic inventories of supplies and equipment. Consult with the laboratory manager concerning major equipment, reagent and supply needs. Anticipate replacement needs of aging equipment.

5. Maintain BMC and department policies, procedures, objectives, quality assurance, safety, environmental and infection control.
6. Document work performed in accordance with BMC standards.

Clinical Services. You shall:

1. Assist in the direction, supervision and coordination of technical functions in any or all divisions of the laboratory.
2. Assist in the establishment of objectives and quality of work performance. Maintain quality control on tests and procedures; review test findings obtained by personnel. Periodically check validity and accuracy of test results.
3. Establish service priorities, work routines, and workflow patterns and monitor workflow to assure prompt and efficient delivery of services. Communicate with health care providers to assure problems are resolved and their needs addressed. Assure compliance with professional and departmental standards, policies and procedures, and requirements of accreditation and regulatory agencies through periodic inspections and observation of personnel practices. Take appropriate actions when violations occur.
4. Update department/section manuals as needed. Evaluate performance and initiate, recommend and effect measures to improve services and quality of current methodologies. Assist administration with determination of need for development of new services.
5. Consult with administrative staff to ensure that they are informed of activities, needs, and problems. Consult with medical staff and other health care providers on matters relating to laboratory services.
6. Cooperate with the infection control committee and personnel to carry out environmental sampling program.
7. Perform surveys or delegate them to medical technologists and do comparative analysis of work units as directed. Investigate new products, equipment, techniques, methodologies and introduce, demonstrate, effect and recommend then as directed.
8. As directed, act as medical technologist/division head and perform and/or assist staff in performance of difficult or unusual tests or procedures. Act as a resource to laboratory and medical staff.

D. Minimum Personnel Qualifications. To be qualified for this position you must:

1. Be certified as a Medical Technologist from the American Society of Clinical Pathologists, Health and Human Services or American Medical Certification,
2. Experience of at least 5 years experience within the preceding 8 years as a Medical Technologist. At least 2 of the 5 years experience must be as a laboratory supervisor.
3. Be eligible for U.S. employment. Please provide copies of documentation.
4. Provide letters of recommendation from three practicing physicians or laboratory supervisors attesting to your skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Letters of reference must have been written within the preceding 5 years.
5. Represent an acceptable malpractice risk to the Navy.
6. Submit a fair and reasonable price that has been accepted by the Government (Attachment II)

E. Factors to be Used in a Contract Award Decision. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified candidates using the following criteria, listed in descending order of importance. The "Personal Qualification Sheet", Letters of Recommendation, and, if you have prior military services, the Form DD214, shall be used to evaluate these items.

1. Experience and training as it relates to the duties contained herein. Candidates with more laboratory supervisory experience or laboratory supervisory experience in a military setting may receive a higher ranking for this factor; then,
2. Supervisory experience in an outpatient setting, then,
3. Advanced education degrees in clinical sciences or management, then,
4. Additional medical Certifications or Licensure, then,
5. The letters of recommendation required in item D.5, above, may enhance your ranking if they address such items as clinical skills, professionalism, supervisory experience, quality management or specific areas of expertise, etc., then,
6. Total Continuing Education hours, then,
7. Prior medical experience in a military medical facility (Form DD214).

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To ensure that you meet the qualifications required for this contract position, you must submit the following. Please use this as a checklist to make sure your application is complete.

1. \_\_\_\_\_ Original and one copy of the completed\* " Personal Qualifications Sheet" (Attachment I).
2. \_\_\_\_\_ Original and one copy of the completed Pricing Sheet (Attachment II).
3. \_\_\_\_\_ Two copies of Proof of employment eligibility (Attachment III).
4. \_\_\_\_\_ Original and one copy of three or more letters of recommendation per paragraph D.5, above.
5. \_\_\_\_\_ Central Contracting Registration Confirmation Sheet (Attachment IV)
6. \_\_\_\_\_ Small Business Program Representations (Attachment V)

\*Please answer every question on the " Personal Qualifications Sheet ". Mark "N/A" if the item is not applicable.

#### G. OTHER INFORMATION FOR OFFERORS.

Frequently asked questions about Individual Set-Aside (ISA) requirements are answered in the ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Contractor Employment Opportunities/Information, OR can be requested from the contract specialist listed below.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

As of June 30, 1998, all contractors must be registered in the Central contractor Registration (CCR) as a prerequisite

to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.acq.osd.mil/ec>. If you do not have Internet access, a registration form can be obtained from:

For firms with LEGAL business names beginning with the letters A-K or a number:

CCR Registration Assistance Center  
2000 South Loop 256, Suite 11  
Palestine, TX 75801  
FAX: (904) 729-7988

For firms with LEGAL business names beginning with the letters L-Z:

CCR registration Assistance Center  
1450 Scalp Avenue  
Johnstown, PA 15904  
FAX: (814) 262-2326

NOTE: You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505. The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

SIC Code: A Standard Industrial Classification (SIC) code is a numbering system that identifies the type of products and/or services you provide. The SIC Code for Dentists is 8021.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423 or call your Contract Specialist or Contracting Officer at NMLC. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the RP. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment II, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Any questions may be directed to Mrs. Donna Blackstone who may be reached at (301) 619-2062.

We look forward to receiving your application.

PERSONAL QUALIFICATIONS SHEET - MEDICAL TECHNOLOGIST

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).

2. The information you provide will be used to determine your acceptability based on Section D. of the solicitation. In addition to the Personal Qualifications Sheet, please submit three letters of recommendation as described in Item VII. of the Personal Qualifications Sheet.

3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Training Certification, Personal and Professional Information Sheet, continuing education certificates, and employment eligibility documentation. If you submit false information, your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.

4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

5. Practice Information:

- |  | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Have you ever been the subject of a malpractice claim?<br>(indicate final disposition of case in comments)          | ___        | ___       |
| 2. Have you ever been a defendant in a felony or misdemeanor case?<br>(indicate final disposition of case in comments) | ___        | ___       |
| 3. Has your license or certification to practice ever been revoked or<br>restricted in any state?                      | ___        | ___       |

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

\_\_\_\_\_(mm/dd/yy)  
(Signature) (Date)

Personal Qualifications Sheet - Medical Technologists

I. General Information

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

          Last          First          Middle

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

II. Professional Education (optional):

Bachelor's Degree in Biology, Chemistry or related Scientific Discipline:

\_\_\_\_\_ (Name of school and location) \_\_\_\_\_ (Type of Degree)

Date of Degree: \_\_\_\_\_ (mm/dd/yy)

III. Certification as a Medical Technologist by the American Society of Clinical Pathologists, Health and Human Services or American Medical Certification:

\_\_\_\_\_ (mm/dd/yy)

Expiration Date.

OPTIONAL

State Licensure as a Medical Technologist:

State in which you are licensed: \_\_\_\_\_

Date license expires \_\_\_\_\_ (mm/dd/yy)

IV. BLS: Certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent (Factor for Award):

Training Type listed on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ (mm/dd/yy)

V. Professional Employment: List your current and preceding employers. Provide dates as month/year. Experience must total at least 5 years within the preceding 8 years. At least 2 of the 5 years experience must be as a laboratory supervisor.

Name and Address of Present Employer

From

To

(1) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work Performed: \_\_\_\_\_

\_\_\_\_\_

Names and Addresses of Preceding Employers

	<u>From</u>	<u>To</u>
(2) _____	_____	_____
_____		
_____		

Work Performed: \_\_\_\_\_  
\_\_\_\_\_

	<u>From</u>	<u>To</u>
(3) _____	_____	_____
_____		
_____		

Work Performed: \_\_\_\_\_  
\_\_\_\_\_

Are you are currently employed on a Navy contract? If so, where is your current contract and what is the position?  
\_\_\_\_\_

VI. Employment Eligibility:

	<u>Yes</u>	<u>No</u>
Do you meet the requirements for U.S. Employment Eligibility contained in Section V?	_____	_____

VII. Professional References:

Provide letters of recommendation from three practicing physicians or laboratory supervisors attesting to your skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Letters of reference must have been written within the preceding 5 years

VIII. Additional Information:

Provide any additional information you feel may enhance your ranking based on Section E. "Factors to be Used in a Contract Award Decision", such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, etc.

IX. I hereby certify the above information to be true and accurate:

_____	_____ (mm/dd/yy)
(Signature)	(Date)



**Pricing Sheet**  
**Supervisory Medical Laboratory Technologist**

**PERIOD OF PERFORMANCE** - Services are required from 1 Oct 2001 through 30 Sep 2002 for one (1) Supervisory Medical Laboratory Technologist for the Naval Hospital, Jacksonville, FL, at the NACC Kings Bay, GA. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

**PRICING INFORMATION** - Insert the price per hour that you want the Navy to pay you. The Government will neither award a contract that is too high nor too low. Your price should be enough to sustain you; however, it should not be out of line with prices of other Medical Laboratory Technologists in the Jacksonville, FL area. **Please note that if you are awarded this contract, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any amount for taxes. Your proposed prices should contain the amount you will pay in taxes.**

In addition, before commencing work under this contract the health care worker shall obtain the following required levels of insurance at his or her own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

Multiply the "Unit Price" by the "Quantity", entering the total in the "Total Amount" column. Add all Total Amount line items and enter the total on the "Contract Line Item Number (CLIN) 0001 Total" line.

Check all math to assure that your computations are accurate.

<u>Contract Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit Unit</u>	<u>Price</u>	<u>Total Amount</u>
0001	The health care worker agrees to perform, on behalf of the Government, the duties of one (1) Supervisory Medical Laboratory Technologist for the Naval Hospital, Jacksonville, FL, at NACC Kings Bay, GA in accordance with this application and the resulting contract.				
0001AA	Base Period - 1 Oct 01 through 30 Sep 02 ACRN: AA	2088	Hrs	_____	_____
0001AB	Option Period I - 1 Oct 02 through 30 Sep 03	2088	Hrs	_____	_____
0001AC	Option Period II - 1 Oct 03 through 30 Sep 04	2096	Hrs	_____	_____
0001AD	Option Period III - 1 Oct 04 through 30 Sep 05		Hrs	_____	_____
0001AE	Option Period IV - 1 Oct 05 through 30 Sep 06		Hrs	_____	_____
Contract Line Item Number (CLIN) 0001 Total					_____

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**LISTS OF ACCEPTABLE DOCUMENTS**  
**SUBMIT ONE FROM LIST A**  
**LIST A**

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

**OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C**

**LIST B**

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependant's ID Card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

**For persons under age 18 who are unable to present a document listed above;**

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

**LIST C**

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired employment authorization document issued by the INS (other than those listed under List a).

**CENTRAL CONTRACTOR REGISTRATION APPLICATION  
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://ccr.edi.disa.mil>. If you do not have internet access, please contact Mrs. Donna Blackstone at (301) 619-2062 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>

When you have done this, please mail or fax "**THIS COMPLETED CONFIRMATION SHEET**" to:

Naval Medical Logistics Command  
ATTN: Code 022 (Ms. Donna Blackstone)  
1681 Nelson Street  
Fort Detrick, MD 21702-9203  
FAX (301) 619-6793

**Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Date CCR Form was submitted:** \_\_\_\_\_

**Assigned DUN & BRADSTREET #:** \_\_\_\_\_

## SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

## Section A.

- ☐ ( ) The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ ( ) The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.
- ☐ ( ) The offeror represents for general statistical purposes that it is a service disabled veteran owned small business.

## Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ☐ \_\_\_ Black American.
- ☐ \_\_\_ Hispanic American.
- ☐ \_\_\_ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
- ☐ \_\_\_ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
- ☐ \_\_\_ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Offeror's Name : \_\_\_\_\_

Notice of Contracting Opportunity No.: DB-05-01 - Supervisory Medical Laboratory Technologist